

Date:

Name:

Address:

Date of birth:

Sex: m – f

Referral / diagnostic information:

Treatment procedure / analysis

Date first treatment:

Date last treatment:

Treatment strategy:

Evolution / treatment adaptation:

Total number of treatment session :

Results:

Specific history

What is your main complaint: pain - paraesthesia - limitation of movement - hypermobility - weakness

PAIN

When did it start:

How did it start:

spontaneously

overuse

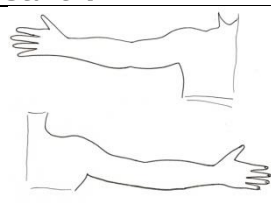
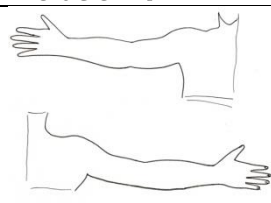
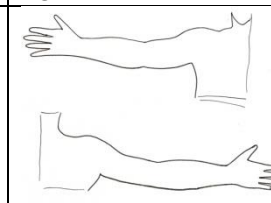
injury

describe

Can you lie on that side:
sleeping position

How can you influence the pain; what makes it worse or better:

Evolution since the start: better-worse-unchanged

Evolution	Start →	Evolution →	Now
Where do you feel the pain:			
Does the pain spread as far as the elbow beyond the elbow			
Pain quality: VAS score 0-10 constant-intermittent at rest - at night after activity			

PARAESTHESIA			
Where:			
When:			
constant-intermittent at rest- at night			

General history	
Description of typical exertion during professional or leisure activities:	
Off work since:	Previous treatments when: what kind of treatment: results:
Are there any other joints affected which:	Medical imaging findings :
Is it the first time you experience this problem:	Medication : Surgery:

Inspection
Special remarks: wasting ?
Deformity: sternoclavicular joint – clavicle – acromioclavicular joint; left – right
Position of the scapula: caudal/lateral – scapula alata left – right

Palpation

Pain where:	Sensory deficit where:
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Conclusion

Lesion: local – referred

Lesion of an inert structure; which one: (any localizing signs?)

Lesion of a contractile structure; which one: (any localizing signs?)

DIAGNOSIS:

Undecided